



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Exam Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$174.00	-\$328.00	-\$450.00
C2000 with HRA	-\$129.00	-\$244.00	-\$334.00
C3000 with HRA	\$9.00	\$19.00	\$26.00
H2000 with HSA	-\$103.00	-\$193.00	-\$264.00
H2500 with HSA	\$45.00	\$88.00	\$120.00
H5000 with HSA	\$100.00	\$193.00	\$263.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Full Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$183.00	-\$342.00	-\$472.00
C2000 with HRA	-\$138.00	-\$258.00	-\$356.00
C3000 with HRA	\$0.00	\$5.00	\$4.00
H2000 with HSA	-\$112.00	-\$207.00	-\$286.00
H2500 with HSA	\$36.00	\$74.00	\$98.00
H5000 with HSA	\$91.00	\$179.00	\$241.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Premier Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$189.00	-\$353.00	-\$490.00
C2000 with HRA	-\$144.00	-\$269.00	-\$374.00
C3000 with HRA	-\$6.00	-\$6.00	-\$14.00
H2000 with HSA	-\$118.00	-\$218.00	-\$304.00
H2500 with HSA	\$30.00	\$63.00	\$80.00
H5000 with HSA	\$85.00	\$168.00	\$223.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Exam Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$191.00	-\$359.00	-\$504.00
C2000 with HRA	-\$146.00	-\$275.00	-\$388.00
C3000 with HRA	-\$8.00	-\$12.00	-\$28.00
H2000 with HSA	-\$120.00	-\$224.00	-\$318.00
H2500 with HSA	\$28.00	\$57.00	\$66.00
H5000 with HSA	\$83.00	\$162.00	\$209.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Full Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$200.00	-\$373.00	-\$526.00
C2000 with HRA	-\$155.00	-\$289.00	-\$410.00
C3000 with HRA	-\$17.00	-\$26.00	-\$50.00
H2000 with HSA	-\$129.00	-\$238.00	-\$340.00
H2500 with HSA	\$19.00	\$43.00	\$44.00
H5000 with HSA	\$74.00	\$148.00	\$187.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Premier Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$206.00	-\$384.00	-\$544.00
C2000 with HRA	-\$161.00	-\$300.00	-\$428.00
C3000 with HRA	-\$23.00	-\$37.00	-\$68.00
H2000 with HSA	-\$135.00	-\$249.00	-\$358.00
H2500 with HSA	\$13.00	\$32.00	\$26.00
H5000 with HSA	\$68.00	\$137.00	\$169.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Exam Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$229.00	-\$438.00	-\$615.00
C2000 with HRA	-\$184.00	-\$354.00	-\$499.00
C3000 with HRA	-\$46.00	-\$91.00	-\$139.00
H2000 with HSA	-\$158.00	-\$303.00	-\$429.00
H2500 with HSA	-\$10.00	-\$22.00	-\$45.00
H5000 with HSA	\$45.00	\$83.00	\$98.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Full Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$238.00	-\$452.00	-\$637.00
C2000 with HRA	-\$193.00	-\$368.00	-\$521.00
C3000 with HRA	-\$55.00	-\$105.00	-\$161.00
H2000 with HSA	-\$167.00	-\$317.00	-\$451.00
H2500 with HSA	-\$19.00	-\$36.00	-\$67.00
H5000 with HSA	\$36.00	\$69.00	\$76.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$244.00	-\$463.00	-\$655.00
C2000 with HRA	-\$199.00	-\$379.00	-\$539.00
C3000 with HRA	-\$61.00	-\$116.00	-\$179.00
H2000 with HSA	-\$173.00	-\$328.00	-\$469.00
H2500 with HSA	-\$25.00	-\$47.00	-\$85.00
H5000 with HSA	\$30.00	\$58.00	\$58.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Exam Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$219.00	-\$418.00	-\$585.00
C2000 with HRA	-\$174.00	-\$334.00	-\$469.00
C3000 with HRA	-\$36.00	-\$71.00	-\$109.00
H2000 with HSA	-\$148.00	-\$283.00	-\$399.00
H2500 with HSA	\$0.00	-\$2.00	-\$15.00
H5000 with HSA	\$55.00	\$103.00	\$128.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Full Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$228.00	-\$432.00	-\$607.00
C2000 with HRA	-\$183.00	-\$348.00	-\$491.00
C3000 with HRA	-\$45.00	-\$85.00	-\$131.00
H2000 with HSA	-\$157.00	-\$297.00	-\$421.00
H2500 with HSA	-\$9.00	-\$16.00	-\$37.00
H5000 with HSA	\$46.00	\$89.00	\$106.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Premier Vision

2025 Medical Plan	P Only	P+1	P+Family
B1000	-\$234.00	-\$443.00	-\$625.00
C2000 with HRA	-\$189.00	-\$359.00	-\$509.00
C3000 with HRA	-\$51.00	-\$96.00	-\$149.00
H2000 with HSA	-\$163.00	-\$308.00	-\$439.00
H2500 with HSA	-\$15.00	-\$27.00	-\$55.00
H5000 with HSA	\$40.00	\$78.00	\$88.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.